

CLAIMS ONLY							Application Number <u>10/052038</u>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
7							67					
8							68					
9							69					
10							70					
11							71					
12							72					
13							73					
14							74					
15							75					
16							76					
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8							78					
9							79					
10							80					
11							81					
12							82					
13							83					
14							84					
15							85					
16							86					
7							87					
8							88					
9							89					
10							90					
11							91					
12							92					
13							93					
14							94					
15							95					
16							96					
7							97					
8							98					
9							99					
10							100					
Total Indep	155						Total Indep					
Total Depend	155						Total Depend					
Total Claims	20						Total Claims					